

- Individual
- Joint Owner
- Student
- Custodial (MUTMA)

How did you hear of us? _____

Member Number: _____	
Account #: _____	SDC #: _____
<input type="checkbox"/> Savings	<input type="checkbox"/> Free Checking
<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Interest Checking
<input type="checkbox"/> You Name It Savings: _____	
Account Maintenance Change Date: _____	
<input type="checkbox"/> Name Change: Marriage/Divorce	
<input type="checkbox"/> Add/Remove Owner <input type="checkbox"/> Add/Change POD	
<input type="checkbox"/> Decline Automatic Overdraft Protection for Checking Accounts from Savings.	

Member Application and Ownership Information

Primary Name: _____		Birth Date: _____	
Address: _____		SSN/TIN: _____	
City, State, Zip: _____		E-Mail: _____	
Home Phone: _____	Work: _____	Cell: _____	
ID Type/#: _____	State: _____	Expiration: _____	
Employer: _____	Occupation: _____	Membership Eligibility: _____	
How will you access this account? <input type="checkbox"/> Visa Debit Card (must have checking account otherwise ATM Card will be issued.) <input checked="" type="checkbox"/> AUDRE			

Name 2: _____		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> POD	
Address: _____		SSN/TIN: _____	
City, State, Zip: _____		E-Mail: _____	
Home Phone: _____	Work: _____	Cell: _____	
ID Type/#: _____	State: _____	Expiration: _____	
Employer: _____	Occupation: _____	Birth Date: _____	
How will you access this account? <input type="checkbox"/> Visa Debit Card (must have checking account otherwise ATM Card will be issued.)			

Name 3: _____		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> POD	
Address: _____		SSN/TIN: _____	
City, State, Zip: _____		E-Mail: _____	
Home Phone: _____	Work: _____	Cell: _____	
ID Type/#: _____	State: _____	Expiration: _____	
Employer: _____	Occupation: _____	Birth Date: _____	
How will you access this account? <input type="checkbox"/> Visa Debit Card (must have checking account otherwise ATM Card will be issued.)			

Name 4: _____		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Successor Custodian <input type="checkbox"/> POD	
Address: _____		SSN/TIN: _____	
City, State, Zip: _____		E-Mail: _____	
Home Phone: _____	Work: _____	Cell: _____	
ID Type/#: _____	State: _____	Expiration: _____	
Employer: _____	Occupation: _____	Birth Date: _____	
How will you access this account? <input type="checkbox"/> Visa Debit Card (must have checking account otherwise ATM Card will be issued.)			

TIN Certification and Backup Withholding Information

I certify that the Social Security Number (SSN)/Taxpayer Identification Number (TN) shown is my/our correct identification number and that I am NOT, unless otherwise designated, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest or because the IRS has notified me/us that I/we are no longer subject to backup withholding.

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct identification number, and (2) I am a U.S. person (including U.S. resident alien). The IRS does not require your consent to any provision of this document other than certification requested to avoid backup withholding. I also agree to repay all collection costs incurred by the Credit Union in its efforts to collect on funds still due to the Credit Union from overdrawn accounts, including any attorney or agency fees of up to 25%, if the account is referred to any attorney or agency for collection.

Authorization

I hereby certify under penalty of perjury that I am eligible to be a member of Point Breeze Credit Union. By signing this document, I primary member, and each joint account owner, if any, agree(s) to be bound by the terms and conditions of the Agreements and Disclosures Booklet and Rate and Fee Schedule which I have received upon execution of this signature document (provided prior to execution), together with any amendments the credit union may make all of which are incorporated by reference here in and made apart hereof. PBCU is authorized to check my/our account, credit, identity and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for the accounts and services requested in connection with this application and any update, renewal or extension of credit or services.

X _____
Signature/Member Date

X _____
Signature/Member Date

X _____
Signature/Member Date

X _____
Signature/Member Date